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When do you need the results?

Technical Request Form Small Business Initiative Program

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P.O. Box 969, MS 9141 Livermore, CA 94551-0969

Today's Date		
Company Contact	Titl	e
Company Name		
Address	City, State_	Zip
Phone	Fax	E-mail
Number of Employees	Years i	n Business
51% U.S. Owned? Yes □ No	☐ Disadvanta	aged/Minority Owned? Yes No
Female Owned? Yes □ No		
How did you first learn about Sandia?	Sandia Empl	oyee □ Reading Material □
Conference	☐ Other La	b □ NIST, MEP, or Referal □
Other (Please Specify)		
Do you have a Technical Contact at Sandia identified? Yes □ No □ If Yes, name?		
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Has the Company worked with other Double LANL LANL LLNL Sandia	DE Labs? Yes □ □ Savannah Ri	
Type of assistance requested?		
Action to date? (What have you already done to solve the problem?)		
Is this related to SBIR/STTR or any oth	ner proposal?	